

Alabama Department
Of Public Health
ESF-8 All Hazards
Assessment
2016

Prepared by
Alabama Department of Public Health's
Center for Emergency Preparedness
January 2017

OVERVIEW

The following report is a summation of Alabama’s 67 counties ESF-8 assessment data submitted by the Emergency Preparedness Teams (EP) for the 11 Public Health Areas. The assessment was active from August 15 – November 3, 2016. It consisted of 105 questions and was 25 pages in length.

Capability 1 – Community Preparedness / Healthcare System Preparedness

Have the functional and access needs groups been identified? (i.e. pregnant women, children, seniors, people with disabilities including sensory and mobility challenges, individuals who are limited English proficient, and people with behavioral needs)

Yes	No
59 (88%)	8

There is a plan in place to assess the social and psycho-social needs of vulnerable and at-risk population groups in fifty-nine counties (88%). Fifty-seven of those counties plans (97%) include the provision for or referral to community social services.

All 67 counties (100%) have established collaborative partnerships with community social service organizations, faith based groups, and state agencies to assist in addressing the needs of at-risk and vulnerable population groups.

Has the Healthcare Coalition developed a strategic plan with participation from its membership?

Yes	No
65 (97%)	2

List the number of Healthcare Coalition members for each sector below:

<u>Sectors</u>	<u>Number of Organizations</u>
Businesses:	73
Community Leadership:	54
Cultural & Faith-Based Groups & Organizations	25
Education & Childcare Settings:	53
Emergency Management:	119
Healthcare:	342
Housing & Sheltering:	23
Media:	14
Mental & Behavioral Health	31
Social Services:	68
Senior Services:	63

The County EMA has an overall EOP in all 67 counties (100%).

If yes, please answer the following:

	<u>Number of counties</u>
Number of counties in which the ADPH county staff has been consulted in the formation of the ESF-8 portion of the EOP	57 (85%)
Number of counties in which the County EOP includes all ESF-8 functions	58 (87%)
The ESF-8 portion of the County EOP includes input from the healthcare coalition members	58 (87%)

All 67 counties (100%) have discussed the needs of healthcare providers along with the expectations regarding public health and the emergency medical response with their county health care providers.

Is all-hazards evacuation planning discussed with the healthcare providers within the county?

Yes	No
60 (90%)	7

Sixty counties (90%) report having one or more hospitals.

The ESF portion of the County EOP includes provisions for the following:

	Yes	No
Criteria for isolation and quarantine	43 (64%)	22
Procedures and legal authorities responsible for implementing and enforcing containment measures	44 (66%)	22
Appropriate monitoring of those affected by containment measures	43 (64%)	24
Collection and data entry of countermeasures used (vaccine/prophylaxis administration, isolation, quarantine, and even death)?	51 (76%)	16
Redundant access to information systems(e.g. ALNBS, CRA, AIMS,ALERT, CEM Planner)	60 (90%)	7

The legal authorities in fifty-eight counties (87%) have participated in planning efforts.

Twenty-three counties (34%) reported having a local Health Officer.

Does a formalized MOU/MOA exist:

	Yes	No
for the support of the SNS Plan?	50 (75%)	16
with neighboring jurisdictions for mutual aid support of the ESF-8 portion and all annexes?	51 (76%)	15

If yes, does the mutual aid MOU/MOA address communication?	49 (96%)	1
--	----------	---

Forty – seven counties (70%) have determined what will constitute a “law enforcement” medical emergency.

The following groups have participated in planning efforts:

	<u>Number of Counties</u>
Local law enforcement	53 (79%)
County EMA	61 (91%)
County elected officials	47 (70%)

The EMA EOP ESF-8 portion includes provisions for security related to movement restrictions in 47 counties (70%).

All 67 counties (100%) include procedures for coordinating, approving and requesting resources in their ESF-8 planning.

All 67 counties (100%) have or an adjacent county has access to at least one bus conversion kit.

The general public/community has been informed about specific preparedness actions that they may need to take during a medical disaster in 63 counties (94%).

Has all County Health Department (CHD) staff

	<u>Number of Counties</u>
been trained on general preparedness (personal, emergency, disaster, etc.)?	65 (97%)
been cross- trained for another essential position?	57 (85%)

Capability 2- Community Recovery/Healthcare System Recovery

The ADPH county staff has been consulted in the formation of the CHD All Hazards COOP in 64 counties (96%).

Sixteen counties (24%) report having a commercial airport. Eight of those counties listed a contact person’s contact information.

The Pandemic portion of the CHD All Hazards COOP includes provisions for:

	Yes	No
Support for detection of and response to pandemic influenza	59 (88%)	8
Communications measures specific for pandemic influenza	58 (87%)	9
Pandemic Severity Index (PSI), WHO Alert Phases, USG Stages, and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)	58 (88%)	9
Nonpharmaceutical interventions (NPI)	57 (85%)	9
Reporting influenza-related fatalities to ADPH on a daily basis, outside of the death certificate system	57 (85%)	10
How decedents should be handled/stored (home deaths, institutional deaths) if timely pickup is not available	47 (70%)	18

County Continuity of Government (COG) Plans have been developed in 53 counties (79%).

County agency COOPs are included as part of the County EOP in 46 counties (69%).

County COOP's

	Yes	No
County agency COOP's included as part of the County EOP	46 (69%)	21
Did the county EMA serve as lead for the County COG development?	47 (70%)	4
Were healthcare coalition members involved?	43 (64%)	8

Are there provisions for the following (in addressing human capital):

	<u>Is this included in the Co. COG?</u>	<u>All-Hazards COOP</u>
	Yes	Yes
Plans and Procedures	49 (73%)	46 (69%)
Essential Functions	49 (73%)	46 (69%)
Essential Staff	48 (72%)	46 (69%)
Delegation of Authority	49 (73%)	46 (69%)
Orders of Succession	48 (72%)	45 (67%)
Primary & Alternate Operating Facilities	49 (73%)	47 (70%)
Communications	49 (73%)	47 (70%)
Vital Records & Databases	46 (69%)	43 (64%)
Employee-Labor Relations	44 (66%)	42 (63%)
Pay and leave Policy	42 (63%)	40 (60%)

Hiring Policies	41 (61%)	40 (60%)
Telework & Information Technology Capabilities	42 (63%)	40 (60%)
Safety & Health for Employees & their Families	44 (66%)	40 (60%)
Test, Training & Exercise of CHD COOP	43 (64%)	39 (58%)
Recovery	44 (66%)	41 (61%)
Supply Chain & Other Resources	46 (69%)	41 (61%)

The Area Administrators have assigned county ADPH staff to address COOP in all 67 counties (100%).

All-Hazard COOPs have also been developed in 65 counties (97%).

Are there provisions for the following?

	<u>Is this included in the CHD COOP?</u>	<u>All-Hazards COOP</u>
	Yes	Yes
Plans and Procedures	56 (84%)	54 (81%)
Essential Functions	64 (96%)	54 (81%)
Essential Staff	64 (96%)	54 (81%)
Delegation of Authority	64 (96%)	54 (81%)
Orders of Succession	64 (96%)	54 (81%)
Primary & Alternate Operating Facilities	64 (96%)	54 (81%)
Communications	64 (96%)	54 (81%)
Vital Records & Databases	64 (96%)	51 (76%)
Employee-Labor Relations	50 (75%)	49 (73%)
Pay and leave Policy	52 (78%)	50 (75%)
Hiring Policies	50 (75%)	47 (70%)
Telework & Information Technology Capabilities	51 (76%)	49 (73%)
Safety & Health for Employees & their families	52 (78%)	49 (73%)
Test, Training & Exercise of CHD COOP	51 (76%)	49 (73%)
Recovery	51 (76%)	50 (75%)
Supply Chain & Other Resources	59 (88%)	50 (75%)

Capability 3- Emergency Operations Coordination

Population totals were reported for all sixty-seven counties. The overall reported population for the state was 658,466.

Capability 4 – Emergency Public Information and Warning

Capability 5 – Fatality Management

All 67 counties include Coroners/Deputy Coroners/Medical Examiners/Alabama Department of Forensic Science (ADFS) and Mortuary Services participants in planning for a mass fatality response.

The Healthcare Coalition, in 39 counties (58%), has adopted the Mass Fatality Plan.

Local hospital/nursing homes

Local hospital/nursing home staff included in mass fatality planning	61 (91%)
Hospitals/nursing homes having an organizational mass fatality plan	41 (61%)
If yes, were the hospital/nursing home plans coordinated with EMA and coroner during plan development.	40 (98%)

Mortuary facilities, funeral homes and crematoriums in the county

	<u>Load totals –59 counties reporting</u>
What is the normal daily load?	481
What is the max daily load?	1808

The ESF-8 portion of the EMA EOP includes provisions for mass fatality/fatality surge management or a Mass Fatality/Fatality Surge Annex in 55 counties (82%).

If yes, does it address the following?

	<u>Number of Counties</u>
Decedent Recovery (e.g. responsible agency, documenting location, transportation to morgue, etc.)	52 (78%)
Family Relations Management (e.g. notification, grief services, collecting ante mortem data, etc.)	53 (79%)
Victim ID	54 (81%)
Response Personnel Needs (e.g. mental, medical, financial)	51 (76%)
Management of Decedent Personal Effects	51 (76%)
Morgue Staff/Location/Operations	51 (76%)
Collection of and data entry for deaths	48 (72%)
Methods for Requesting State/Federal Assets	51 (76%)
How State/Federal Assets would be incorporated into the response	51 (76%)
Family Assistance Centers (set up, staffing, collecting ante mortem data, etc.)	52 (78%)
Availability of a death reporting system outside of normal death certificate	46 (69%)

system	
Decedent Decontamination	48 (72%)
Chain of Custody/Forensic Evidence	50 (75%)
Identification of fatality surge capabilities and resources (e.g. cold storage, non cold storage, transportation assets, etc.)	50 (75%)
PPE for responders	50 (75%)
Needed supplies for morgue and FAC operations	49 (73%)
Responsibilities should state/federal assistance not be available,	51 (76%)
Local mental/behavioral health resources,	50 (75%)
Training/exercise,	50 (75%)
Cultural sensitivity,	47 (70%)
Procedures for surge of concerned citizens/family	50 (75%)

The Mass Fatality/Fatality Surge Annex has been coordinated with previously developed plans, procedures, protocols, and systems in fifty counties (75%).

Capability 6- Information Sharing

The ESF-8 portion of the EMA EOP includes the following information regarding communications:

	<u>Number of Counties</u>
How to access information systems that can exchange data	59 (88%)
A plan for providing regular updates to healthcare providers	55 (82%)
A plan for providing updates to the community /general public needing medical information	52 (78%)
A plan for providing regular updates to healthcare coalition members	54 (81%)
Redundant communications	59 (88%)
Prioritized preferred method of communications specific to the county	52 (78%)

Healthcare agencies in all 67 counties (100%) have been educated about the ADPH communication systems (Southern LINC, HAM radio, & AIMS). Hospitals in 55 counties (82%) reported having HAM radios.

Capability – 7- Mass Care

Sixty – four counties (96%) have identified an environmental health responder to participate in the EOC/ICS.

County emergency response plans and protocols incorporate general environmental health activities in fifty-nine counties (88%).

Counties have made contact with ADEM representatives for their counties in regard to:

	<u>Number of Counties</u>
Public water supplies?	66 (99%)
Regulated water systems?	66 (99%)
Public waste water management?	64 (96%)
Hazardous material?	65 (97%)

Procedures have been developed in 64 counties (96%) to incorporate the availability of potable water during an emergency event. Sixty-six counties (99%) have developed public information and have it readily available for distribution during “boil water” and “do not drink” notices.

The county environmental health staff has been identified to perform “food risk assessment inspections” during an emergency response in all 67 counties for 100%.

Sixty-one counties (91%) have an accurate database of the food supply and delivery systems including detail and processing establishments.

Plans and procedures are in place to activate alternative wastewater disposal measures in 57 counties (85%).

Vector Control

	<u>Number of counties</u>
Number of counties that have developed vector control response plans (pre & post)	51 (76%)
Number of counties that have county environmental staff trained to execute vector control duties	61 (91%)
Number of counties that have developed public information and have it readily available for vector control response.	61 (91%)

Plans and procedures have been developed for solid waste/debris disposal, including biomedical waste in sixty-one counties (91%).

Environmental Staff

	<u>Number of counties</u>
Number of counties with environmental staff:	
that participate in EPI training and response	67 (100%)
trained to work closely with EPI staff to conduct investigations and monitoring	67 (100%)
coordinate and share information on food-borne related complaints and illness with EPI staff	67 (100%)

Trained on how to recognize the aftermath of a chemical, biological, or radiological incident; including the restrictions to their role contingent upon the type of incident	61 (91%)
Trained on their specific role within the ICS during a hazardous material incident	57 (85%)

County staff has access to the ADPH Employee Manual for Emergency Response in all 67 counties (100%).

Capability 8- Medical Countermeasure Dispensing

Capability 9 – Medical Materiel Management & Distribution (Strategic National Stockpile (SNS))

The EP Teams have reviewed, provided feedback (annually), and assisted in the annual update of the County SNS Plan during the Budget Period July 1, 2015 - June 30, 2016, in 65 counties (97%).

The County SNS Plan:

	<u>Number of counties</u>
Covers the population with an appropriate number of Open PODs	58 (87%)
Ensures that the Open PODS in the county will have adequate staffing (paid staff plus volunteers)	46 (69%)
Ensures alternate methods of dispensing (e.g. closed POD, drive-in-clinic, etc.) are developed to augment Open POD shortages and supplement the Open POD system.	67 (100%)
Ensure procedures are in place to provide prophylaxis to local public health responders, local first responders, and other local critical infrastructure staff	66 (99%)

The EP Teams covering 66 counties (99%) provide feedback to the EMA to improve the county Open POD coverage.

PODs

Total number of Open PODs in the counties	178
Total number of Open POD sites in the counties	277

There have been 3 new POD sites added since June 30, 2015 (for grant period 7/1/15 – 6/30/2016). The Counties have reported that 50 Closed PODS have been approved and established.

Fifty-one counties (76%) reported having a yearly dispensing /Open POD training for BP15 (July 1, 2015 - June 30, 2016).

Are the following included in the County SNS Plan:

	<u>Number of counties</u>
Updated SNS terminology (i.e. MPTS to Open POD)	67 (100%)
Provisions for Cold Chain Management	66 (99%)
Vaccine distribution, use and monitoring	59 (88%)
Use of antiviral drugs during a pandemic	59 (88%)
Plans for supply distribution to healthcare sector facilities that will administer to them to priority groups that their facility serves (i.e. employees and patients)	66 (99%)
Investigational New Drug (IND) or Emergency use Authorization (EUA)	52 (78%)
Adverse Events from pharmaceuticals administered from the SNS	66 (99%)
Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines and antivirals).	67 (100%)
Tracking number and priority of SNS recipients (how many doses available to dispense and if the recipient is in a priority group such as Law Enforcement)	58 (87%)
Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)	67 (100%)
At Risk Individuals (i.e. Non-English, hearing impaired, homebound)	66 (99%)
Distribution of SNS supplies (e.g. vaccines, pharmaceuticals, etc.) to the community	67 (100%)

Sixty- six counties (99%) have identified staff to receive SNS supplies.

CHEMPACK

	<u>Number of counties</u>
Number of counties that have an EMS or hospital CHEMPACK placement	18 (27%)
If yes, does the county have an CHEMPACK plan for dispersal of the antidotes	15 (83%)

Alabama has 7 designated CRI counties (10%). All seven have adopted either the Central Alabama CRI annex or the Jefferson County CRI Annex.

Nine counties are designated MMRS counties (13%). All nine have been included in the development of the MMRS/SNS plan.

Fifty-eight counties (87%) have storage coolers with temperature alarms to store vaccines.

Capability 10 – Medical Surge

Levels of care that the county can support:

	<u>Number of counties</u>
Mass Care Shelter	62 (93%)
Comfort Care Shelter	64 (96%)
Medical Needs Shelter	59 (88%)
Alternative Care Site	41 (61%)

The CHD Response Team members have been trained to respond in all 67 counties, and all Team rosters are up to date.

Fifty-one counties (76%) have included countermeasures for reporting medical resources and information in the ESF-8 portion of the EOP.

Capability 11 – Non-Pharmaceutical Interventions

Capability 12 - Public Health Laboratory Testing

Twenty-eight counties (42%) reported having a sentinel lab.

Sentinel labs

	<u>Number of counties</u>
The number of sentinel labs that have been included in planning efforts	24 (36%)
The number of counties in which all persons listed in the Sentinel Lab table completed training for the packaging and shipment of biological samples?	19 (28%)
Have all persons listed in the table completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc., IATA & DOT rules for shipment of specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	16 (24%)

Designated EP team members have been trained on current protocols for safe specimen packaging and submission procedures for biological and chemical samples in all 67 counties (100%).

Number of counties that have CHD staff with access to specimen kits and collection instructions

	<u>EP Surveillance Nurse assigned to the county</u>	<u>Alternate CHD Nurse</u>	<u>Other ADPH Staff</u>
Has employee completed training for the packaging and shipment of biological samples?	66 (99%)	58 (87%)	59 (88%)
Has employee completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	44 (66%)	39 (58%)	48 (72%)

Sixty-four counties (96%) received a Radiological Emergency Assistance Contacts list.

11 counties (16%) reported being part of the Emergency Planning Zone (EPZ) for a Radiological Emergency Plan (REP) for Nuclear Power Plants.

If yes, have the following participated in Basic Radiation Training for first responders

	<u>Number of counties</u>
CHD staff	10 (91%)
Local first responders	10 (91%)
EMA	11 (100%)

Twelve counties (18%) are part of the Waste Isolation Pilot Plant (WIPP) route.

If yes, have the following participated in Modular Emergency Radiological Response Transportation Training (MERRTT)

	<u>Number of counties</u>
CHD staff	3 (25%)
Local first responders	12 (100%)
EMA	12 (100%)

CHD staff and County EMA Directors in all 67 counties are aware of the Expanded Radiological Emergency Response Team (ERERT).

Eighteen counties (27%) reported having other agencies within their county with radiological response capabilities. The Office of Radiation Control is aware of their radiological capability.

Nineteen counties (39%) have participated in a radiological oriented exercise, e.g. “dirty bomb”. The Office of Radiation Control was involved in 18 of those exercises.

Capability 13 - Public Health Surveillance & Epidemiological Investigation

Forty-two counties (63%) have Area Investigator (AI) contact information listed in the County EOP. Area Investigator’s in 65 counties (97%) have been involved in all types of outbreaks, environmental exposures, terroristic events, communicable disease investigations (except STD’s, TB, HIV, and IMM diseases) and related exercises.

ADPH PHA staff and planning and response partners trained in DETECT TEST, and REPORT (DTR) are listed in the County EOP in 33 counties (49%).

Capability 14- Responder Safety and Health

Capability 15- Volunteer Management

Volunteers

	<u>Number of counties</u>
The number of County health departments active in recruiting ADPH volunteers	64 (96%)
The number of volunteers in the ADPH Volunteer database (Alabama Responds) for the county (state total)	4260

The number of ADPH staff members that are affiliated with the Medical Reserve Corp

<u>Number of staff members</u>	<u>Represented number of counties</u>
199	6

No counties reported having ADPH staff affiliated with the National Disaster Medical System (NDMS).

Does a member of the EP Team:

	<u>Number of Counties</u>
Regularly attend meetings with local volunteer coordinating organizations such as Volunteer Organizations Active in Disasters (VOAD), Medical Reserve Corp, (MRC) or other volunteer coordinating organizations	65 (97%)
Participate in local planning process to develop plans, processes and procedures to address volunteer management and volunteer coordination efforts with local healthcare organizations	67 (100%)

Thirty-four (51%) CHD's conduct volunteer needs assessments with local healthcare organizations to determine situations in which volunteers may be needed and the type and quantity of volunteers that may be used by healthcare organizations.

COMPARISON DATA: 2015-2016

Capability 1 – Community Preparedness / Healthcare System Preparedness

Have functional and access needs groups been identified? (i.e. pregnant women, children, seniors, people with disabilities including sensory and mobility challenges, individuals who are limited English proficient and people with behavioral health needs)

2015	2016
57 (85%)	59 (88%)

Is a plan in place to assess the social and psycho-social needs of vulnerable and at-risk population groups?

2015	2016
49 (73%)	59 (88%)

Does the plan include the provision for or referral to community social services?

2015	2016
40 (60%)	49 (73%)

Are collaborative partnerships established with community social service organizations, faith based groups, and state agencies to assist with addressing the needs of at-risk and vulnerable population groups?

2015	2016
62 (93%)	67 (100%)

Has the HCC developed a strategic plan with participation from its membership?

2015	2016
44 (66%)	67 (100%)

List the number of Healthcare Coalition members for each sector below:

<u>Sectors</u>	<u>Number of Orgs. For 2015</u>	<u>Number of Orgs. For 2016</u>
Businesses:	51	73
Community Leadership:	34	54
Cultural & Faith-Based Groups & Organizations	19	25
Education & Childcare Settings:	32	53

Emergency Management:	131	119
Healthcare:	343	342
Housing & Sheltering:	19	23
Media:	3	14
Mental & Behavioral Health	22	31
Social Services:	52	68
Senior Services:	63	63

EOP

	<u>Number of counties 2015</u>	<u>Number of counties 2016</u>
Has the ADPH county staff been consulted in the formation of the ESF-8 portion of the EOP?	58 (87%)	57 (85%)
Does the county EOP include all ESF-8 functions?	56 (84%)	58 (87%)

Have the needs of healthcare providers along with the expectations regarding public health and the emergency medical response been discussed with healthcare providers within the county?

2015	2016
64 (96%)	67 (100%)

Is all-hazards evacuation planning discussed with the healthcare providers within the county?

2015	2016
60 (90%)	60 (90%)

Does the county have a hospital?

2015	2016
59 (90%)	60 (90%)

Does the ESF-8 portion of the County EOP include input from the healthcare coalition members?

2015	2016
53 (79%)	58 (87%)

Does the ESF-8 portion of the County EOP include provisions for the following?

	2015	2016
Criteria for isolation and quarantine	43 (64%)	43 (64%)
Procedures and legal authorities responsible for implementing and enforcing containment measures	51 (76%)	44 (66%)
Appropriate monitoring of those affected by containment measures	43 (64%)	43 (64%)
Collection and data entry of countermeasures used (vaccine/prophylaxis administration, isolation, quarantine, and	44 (66%)	51 (76%)

even death)?		
Redundant access to information systems(e.g. ALNBS, CRA, AIMS,ALERT)	60 (90%)	60 (90%)

Have the county legal authorities participated in planning efforts?

2015	2016
55 (82%)	58 (87%)

Do you have a local Health Officer?

2015	2016
24 (36%)	23 (34%)

Does a formalized MOU/MOA exist:

	2015	2016
for the support of the SNS Plan?	57 (85%)	50 (75%)
with neighboring jurisdictions for mutual aid support of the ESF-8 portion and all annexes	54 (81%)	51 (76%)

If yes, does the mutual aid MOU/MOA address communication?

2015	2016
56 (84%)	50 (75%)

Has the county determined what will constitute a "law enforcement" medical emergency?

2015	2016
47 (70%)	47 (70%)

Have any of the following groups participated in planning efforts:

	<u># of Counties - 2015</u>	<u># of Counties - 2016</u>
Local law enforcement	56 (84%)	53 (79%)
County EMA	67 (100%)	61 (91%)
County elected officials	39 (58%)	47 (70%)

Does the EMA EOP ESF-8 portion include provisions for security related to movement restrictions?

2015	2016
46 (69%)	47 (70%)

Does ESF-8 county planning include procedures for coordinating, approving, & requesting resources?

2015	2016
67 (100%)	67 (100%)

Does this county or an adjacent county have access to at least one bus conversion kit?

2015	2016
66 (99%)	67 (100%)

Has the general public/community been informed about specific preparedness actions that they may need to take during a medical disaster?

2015	2016
64 (96%)	63 (94%)

Has all CHD staff:

	<u># of Counties - 2015</u>	<u># of Counties - 2016</u>
Been trained on general preparedness (personal, emergency, disaster, etc.)	67 (100%)	65 (97%)
Been cross trained for another essential position	52 (78%)	57 (85%)

Capability 2 - Community Recovery/Healthcare System Recovery

Has the ADPH county staff been consulted in the formation of the COOP?

2015	2016
66 (99%)	64 (96%)

Does the Pandemic portion of the CHD All Hazards COOP include provisions for the following?

	2015	2016
Support for detection of and response to pandemic influenza	58 (87%)	59 (88%)
Communications measures specific for pandemic influenza	55 (82%)	58 (87%)
Pandemic Severity Index (PSI), WHO Alert Phases, USG Stages, and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)	50 (75%)	58 (87%)
Nonpharmaceutical interventions (NPI)	51 (76%)	57 (85%)
Reporting influenza-related fatalities to ADPH on a daily basis, outside of the death certificate system	48 (72%)	57 (85%)
How decedents should be handled/stored (home deaths, institutional deaths) if timely pickup is not available	33 (49%)	47 (70%)

Has the county developed County Continuity of Government plan (COG)?

2015	2016
53 (79%)	53 (79%)

Is the county agency COOP included as part of the County EOP?

2015	2016
41 (61%)	46 (69%)

If yes, please answer the following?

	2015	2016
Did the county EMA serve as lead for the County COG development?	41 (61%)	47 (70%)
Were healthcare coalition members involved?	35 (52%)	43 (64%)

Are there provisions for the following (in addressing human capital):

	<u>Included in the Co. COG? 2015</u>	2016	<u>All-Hazards COOP- 2015</u>	2016
	Yes		Yes	
Plans and Procedures	51 (76%)	49 (73%)	41 (61%)	46 (69%)
Essential Functions	49 (73%)	49 (73%)	41 (61%)	46 (69%)
Essential Staff	49 (73%)	48 (72%)	41 (61%)	46 (69%)
Delegation of Authority	53 (79%)	49 (73%)	42 (63%)	46 (69%)
Orders of Succession	49 (73%)	48 (72%)	41 (61%)	45 (67%)
Primary & Alternate Operating Facilities	49 (73%)	49 (73%)	40 (60%)	47 (70%)
Communications	50 (75%)	49 (73%)	41 (61%)	47 (70%)
Vital Records & Databases	47 (70%)	46 (69%)	37 (55%)	43 (64%)
Employee-Labor Relations	41 (61%)	44 (66%)	33 (49%)	42 (63%)
Pay and leave Policy	41 (61%)	42 (63%)	33 (49%)	40 (60%)
Hiring Policies	37 (55%)	41 (61%)	32 (48%)	40 (60%)
Telework & Information Technology Capabilities	41 (61%)	42 (63%)	34 (51%)	40 (60%)
Safety & Health for Employees & their families	41 (61%)	44 (66%)	34 (51%)	40 (60%)
Test, Training & Exercise of CHD COOP	37 (55%)	43 (64%)	35 (52%)	39 (58%)
Recovery	39 (58%)	44 (66%)	37 (55%)	41 (61%)
Supply Chain & Other Resources	44 (66%)	46 (69%)	37 (55%)	41 (61%)

Has the Area Administrator assigned ADPH staff within the county to address COOP for the CHD?

2015	2016
67 (100%)	67 (100%)

Has a CHD All Hazard COOP been developed?

2015	2016
64 (96%)	65 (97%)

Are there provisions for the following?

	<u>Is this included in the CHD COOP? 2015</u>	2016	<u>All-Hazards COOP 2015</u>	2016
	Yes		Yes	
Plans and Procedures	56 (84%)	56 (84%)	49 (73%)	54 (81%)
Essential Functions	63 (94%)	64 (96%)	49 (73%)	54 (81%)
Essential Staff	62 (93%)	64 (96%)	49 (73%)	54 (81%)
Delegation of Authority	63 (94%)	64 (96%)	48 (72%)	54 (81%)
Orders of Succession	63 (94%)	64 (96%)	49 (73%)	54 (81%)
Primary & Alternate Operating Facilities	63 (94%)	64 (96%)	49 (73%)	54 (81%)
Communications	63 (94%)	64 (96%)	49 (73%)	54 (81%)
Vital Records & Databases	61 (91%)	64 (96%)	46 (69%)	51 (76%)
Employee-Labor Relations	46 (69%)	50 (75%)	38 (57%)	49 (73%)
Pay and leave Policy	51 (76%)	52 (78%)	45 (67%)	50 (75%)
Hiring Policies	45 (67%)	50 (75%)	38 (57%)	47 (70%)
Telework & Information Technology Capabilities	52 (78%)	51 (76%)	44 (67%)	49 (73%)
Safety & Health for Employees & their families	47 (70%)	52 (78%)	38 (57%)	49 (73%)
Test, Training & Exercise of CHD COOP	37 (55%)	51 (76%)	28 (42%)	49 (73%)
Recovery	49 (73%)	51 (76%)	46 (69%)	50 (75%)
Supply Chain & Other Resources	59 (88%)	59 (88%)	46 (69%)	50 (75%)

Capability 3 - Emergency Operations Coordination

Capability 4 - Emergency Public Information and Warning

Capability 5 - Fatality Management

Are Coroners/Deputy Coroners/Medical Examiners/Alabama Department of Forensic Science (ADFS) and Mortuary Services participants included in planning for a mass fatality response?

2015	2016
66 (99%)	67 (100%)

Has the Mass Fatality Plan been adopted by the HCC members?

2015	2016
39 (58%)	39 (58%)

Is the local hospital and nursing home staff included in mass fatality planning?

2015	2016
56 (84%)	61 (91%)

Does each hospital/nursing home have an organizational mass fatality plan?

2015	2016
34 (51%)	41 (61%)

If yes, were the hospital/nursing home plans coordinated with EMA and coroner during plan development?

2015	2016
32 (94%)	40 (60%)

Mortuary facilities, funeral homes, and crematoriums in the county

	2015	2016
What is the normal daily load?	493	481
What is the max daily load?	1868	1808

Does the EMA EOP ESF-8 portion include provisions for mass fatality/fatality surge management or a Mass Fatality /Fatality Surge Annex?

2015	2016
50 (75%)	55 (82%)

If yes, does it address the following:

	<u>Number of Counties - 2015</u>	2016
Decedent Recovery (e.g. responsible agency, documenting location, transportation to morgue, etc.)	47 (70%)	52 (78%)
Family Relations Management (e.g. notification, grief services, collecting ante mortem data, etc.)	46 (69%)	53 (79%)
Victim ID	49 (73%)	54 (81%)
Response Personnel Needs (e.g. mental, medical, financial)	43 (64%)	51 (76%)
Management of Decedent Personal Effects	44 (66%)	51 (76%)
Morgue Staff/Location/Operations	43 (64%)	51 (76%)
Collection of and data entry for deaths	40 (60%)	48 (72%)
Methods for Requesting State/Federal Assets	43 (64%)	51 (76%)
How State/Federal Assets would be incorporated into the response	44 (66%)	51 (76%)
Family Assistance Centers (set up, staffing, collecting ante mortem data, etc.)	42 (63%)	52 (78%)
Availability of a death reporting system outside of normal death	36 (54%)	46 (69%)

certificate system		
Decedent Decontamination	38 (55%)	48 (72%)
Chain of Custody/Forensic Evidence	43 (64%)	50 (75%)
Identification of fatality surge capabilities and resources (e.g. cold storage, non cold storage, transportation assets, etc.)	44 (66%)	50 (75%)
PPE for responders	41 (61%)	50 (75%)
Needed supplies for morgue and FAC operations	39 (58%)	49 (73%)
Responsibilities should state/federal assistance not be available,	42 (63%)	51 (76%)
Local mental/behavioral health resources,	42 (63%)	50 (75%)
Training/exercise,	42 (63%)	50 (75%)
Cultural sensitivity,	39 (58%)	47 (70%)
Procedures for surge of concerned citizens/family	43 (64%)	50 (75%)

Has the Mass Fatality/Fatality Surge Annex been coordinated with previously developed plans, procedures, protocols, and systems?

2015	2016
44 (66%)	50 (75%)

Capability 6 - Information Sharing

Does the ESF-8 portion include the following regarding communications?

	<u>Number of Counties - 2015</u>	2016
How to access information systems that can exchange data	30 (45%)	59 (88%)
A plan for providing regular updates to healthcare providers	39 (58%)	55 (82%)
A plan for providing updates to the community /general public needing medical information	38 (57%)	52 (78%)
A plan for providing regular updates to healthcare coalition members	39 (58%)	54 (81%)
Redundant communications	45 (67%)	59 (88%)
Prioritized preferred method of communications specific to the county	46 (69%)	52 (78%)

2015/2016 All 67 counties have educated the healthcare agencies within their counties about the ADPH communication systems (Southern LINC, HAM radio, & AIMS).

Do the hospital(s) in your county have a HAM radio?

2015	2016
53 (79%)	55 (82%)

Capability 7 - Mass Care

Has the county identified an environmental health responder(s) to participate in the EOC/ICS?

2015	2016
66 (99%)	64 (96%)

Do county emergency response plans and protocols incorporate general environmental health activities?

2015	2016
64 (96%)	59 (88%)

Has this county made contact with the ADEM representative for the county in regard to:

	<u>Number of Counties - 2015</u>	2016
Public water supplies?	62 (93%)	66 (99%)
Regulated water systems?	61 (91%)	66 (99%)
Public waste water management?	61 (91%)	64 (96%)
Hazardous material?	59 (88%)	65 (97%)

Have procedures been developed to incorporate the availability of potable water during an emergency event?

2015	2016
66 (99%)	64 (96%)

Has public information been developed public information and readily available for distribution during "boil water" and "do not drink" notices.

2015	2016
67 (100%)	66 (99%)

Has county environmental health staff been identified to perform "food risk assessment inspections" during an emergency response?

2015	2016
65 (97%)	67 (100%)

Does the county have an accurate database of the food supply and delivery system including detail and processing establishments?

2015	2016
49 (73%)	61 (91%)

Are plans and procedures in place to activate alternative wastewater disposal measures?

2015	2016
48 (72%)	57 (85%)

Vector Control

	<u>Number of counties - 2015</u>	2016
Are vector control response plans (pre & post) developed for the county?	34 (51%)	51 (76%)
Is county environmental staff trained to execute vector control duties?	65 (97%)	61 (91%)
Has public information been developed and readily available for vector control response?	65 (97%)	61 (91%)

Have plans and procedures been developed for the county for solid waste/debris disposal, including biomedical waste?

2015	2016
51 (76%)	61 (91%)

Do county environmental staff participate in EPI training and response?

2015	2016
67 (100%)	67 (100%)

For 2015 and 2016, the environmental staff in all 67 counties (100%) was trained to work closely with EPI staff to conduct investigations and monitoring as well as sharing information on food-borne related complaints and illness.

Has county environmental staff been trained on how to recognize the aftermath of a chemical, biological, or radiological incident; including the restrictions to their role contingent upon the type of incident?

2015	2016
55 (82%)	61 (91%)

Has the county environmental staff been trained on their specific role within the ICS during a hazardous material incident?

2015	2016
62 (93%)	57 (85%)

Does all county staff have access to the ADPH Employee Manual for Emergency Response?

2015	2016
65 (97%)	67 (100%)

Capability 8 - Medical Countermeasure Dispensing

Capability 9 - Medical Materiel Management & Distribution (Strategic National Stockpile (SNS))

Has the EP Team reviewed, provided feedback (annually), and assisted in the annual update of the County SNS Plan during the Budget Period (BP) 15, July 1, 2015 - June 30, 2016?

2015	2016
66 (99%)	65 (97%)

Does the County SNS Plan

	<u>Number of counties</u> <u>2015</u>	2016
Cover the population with an appropriate number of Open PODs?	57 (85%)	58 (87%)
Ensure that the Open PODS in the county will have adequate staffing (paid staff plus volunteers)?	58 (87%)	46 (69%)
Ensure alternate methods of dispensing (e.g. closed POD, drive-in-clinic, etc.) are developed to augment Open POD shortages and supplement the Open POD system?	65 (97%)	67 (100%)
Ensure procedures are in place to provide prophylaxis to local public health responders, local first responders, and other local critical infrastructure staff?	65 (97%)	66 (99%)

Has the EP Team have provided feedback to the EMA to improve the county Open POD coverage.

2015	2016
67 (100%)	66 (99%)

PODs

	2015	2016
Total number of Open PODs in the counties	243	178
Total number of Open POD sites in the counties	288	277

Have there been any new Open POD sites added since June 30, 2015?

2015 (Since 2014)	2016
7	3

Has yearly dispensing/Open POD training occurred in this county for BP15 (July 1, 2015-June 30, 2016)?

2015	2016
44 (66%)	51 (76%)

How many Closed PODs have been approved and established?

2015	2016
35	50

Are the following included in the County SNS Plan?

	<u>Number of counties - 2015</u>	2016
Updated SNS terminology (i.e. MPTS to Open POD)	66 (99%)	67 (100%)
Provisions for Cold Chain Management	58 (87%)	66 (99%)
Vaccine distribution, use and monitoring	60 (90%)	59 (88%)
Use of antiviral drugs during a pandemic	59 (88%)	59 (88%)
Plans for supply distribution to healthcare sector facilities that will administer to them to priority groups that their facility serves (i.e. employees and patients)	55 (82%)	66 (99%)
Investigational New Drug (IND) or Emergency use Authorization (EUA)	61 (91%)	52 (78%)
Adverse Events from pharmaceuticals administered from the SNS	59 (88%)	66 (99%)
Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines and antivirals).	67 (100%)	67 (100%)
Tracking number and priority of SNS recipients (how many doses available to dispense and if the recipient is in a priority group such as Law Enforcement)	59 (88%)	58 (87%)
Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)	67 (100%)	67 (100%)
At Risk Individuals (i.e. Non-English, hearing impaired, homebound)	65 (97%)	66 (99%)
Distribution of SNS supplies (e.g. vaccines, pharmaceuticals, etc.) to the community	67 (100%)	67 (100%)

Have you identified staff designated to receive SNS supplies in the county?

2015	2014
67 (100%)	66 (99%)

Does the county have an EMS or hospital CHEMPACK placement?

2015	2016
12 (18%)	18 (27%)

If yes, does the county have a CHEMPACK plan for dispersal of the antidotes?

2015	2016
10 (83%)	15 (22%)

Is this county a designated MMRS county?

2015	2016
17 (25%)	9 (13%)

If yes, have the catchment area counties been included in the development of the MMRS/SNS plan?

2015	2016
17 (100%)	9 (13%)

Does the county site located to store vaccines have a temperature alarm?

2015	2016
59 (88%)	58 (87%)

Capability 10 - Medical Surge

What level of care can this county support?

	<u>Number of counties 2015</u>	2016
Mass Care Shelter	64 (91%)	62 (93%)
Comfort Care Shelter	55 (82%)	64 (96%)
Medical Needs Shelter	36 (54%)	59 (88%)
Alternative Care Site	31 (46%)	41 (61%)

For 2015 and 2016, the CHD Response Team members in all 67 counties have been trained to respond, and all Area Response Team rosters are up to date.

Are countermeasures for reporting medical resources and information included in the ESF-8 portion?

2015	2016
45 (67%)	51 (76%)

Capability 11- Non-Pharmaceutical Interventions

Capability 12 - Public Health Laboratory Testing

Does the county have a sentinel lab?

2015	2016
38 (57%)	28 (42%)

Sentinel labs

	<u>Number of counties 2015</u>	2016
The number of sentinel labs that have been included in planning efforts	29 (76%)	24 (86%)
Have all persons listed in the Sentinel Lab table completed training for the packaging and shipment of biological samples?	25 (66%)	19 (68%)
Have all persons listed in the table completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc., IATA & DOT rules for shipment of specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	19 (50%)	16 (57%)

Have the designated EP Team members been trained on current protocols for safe specimen packaging and submission procedures for biological and chemical samples?

2015	2016
67 (100%)	67 (100%)

Staff with access to specimen kits and collection instructions

	<u>EP Surveillance Nurse assigned to the county 2015</u>	2016	<u>Alternate CHD Nurse 2015</u>	2016	<u>Other ADPH Staff 2015</u>	2016
Has employee completed training for the packaging and shipment of biological samples?	66 (99%)	66 (99%)	56 (84%)	58 (87%)	60 (90%)	59 (88%)
Has employee completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	41 (61%)	44 (66%)	47 (70%)	39 (58%)	49 (73%)	48 (72%)

Did the County receive a Radiological Emergency Assistance Contacts list?

2015	2016
66 (99%)	64 (97%)

Is this county part of the Emergency Planning Zone (EPZ) for a Radiological Emergency Plan (REP) for Nuclear Power Plants?

2015	2016
12 (18%)	11 (16%)

If yes, have the following participated in Basic Radiation Training for first responders?

	<u>Number of counties</u> <u>2015</u>	2016
CHD staff	5 (7%)	10 (15%)
Local first responders	10 (15%)	11 (16%)
EMA	10 (15%)	11 (16%)

Is this county part of the Waste Isolation Pilot Plant (WIPP) route?

2015	2016
12 (18%)	11 (16%)

If yes, have the following participated in the Modular Emergency Radiological Response Transportation Training (MERRTT)?

	<u>Number of counties</u> <u>2015</u>	2016
CHD staff	5 (7%)	3 (4%)
Local first responders	10 (15%)	12 (18%)
EMA	10 (15%)	12 (18%)

Once again for both 2015, and 2016 100% of the staff in all County HD's are aware of the Expanded Radiological Emergency Response Team (ERERT), and all 67 County EMA Director's are aware of the Expanded Radiological Emergency Response Team (ERERT)

Are there any other agencies in the county that have radiological response capabilities?

2015	2016
14 (21%)	18 (27%)

If yes, is the Office of Radiation Control aware of their radiological capability?

2015	2016
12 (86%)	18 (100%)

Has the county participated in any radiological oriented exercise, e.g. dirty bomb?

2015	2016
26 (39%)	19 (28%)

If yes, was the Office of Radiation Control involved?

2015	2016
24 (92%)	18 (95%)

Capability 13 - Public Health Surveillance & Epidemiological Investigation

Is the Area Investigator (AI) contact information listed in the County EOP?

2015	2016
38 (57%)	42 (63%)

Are FSS involved in all outbreaks of any kind, environmental exposures, terroristic events, communicable diseases investigations (except for STD's, TB, HIV and IMM diseases), and related exercises?

2015	2016
65 (97%)	65 (97%)

Are all ADPH PHA staff, and planning and response partners trained in DETECT TEST, and REPORT (DTR) listed in the County EOP?

2015	2016
37 (55%)	33 (49%)

Capability 14 - Responder Safety and Health

Capability 15 - Volunteer Management

Volunteers

	2015	2016
The number of County health departments active in recruiting ADPH volunteers	64 (96%)	64 (96%)
The number of volunteers in the ADPH Volunteer database (Alabama Responds) for the county	854	4260
The number of ADPH staff affiliated with the Medical Reserve Corp	930	199

The number of volunteers affiliated with the national Disaster Medical System (NDMS)	0	0
--	---	---

Does the CHD staff:

	2015	2016
Regularly attend meetings with local volunteer coordinating organizations such as Volunteer Organizations Active in Disasters (VOAD), Medical Reserve Corp, (MRC) or other volunteer coordinating organizations	53 (79%)	65 (97%)
Participate in local planning process to develop plans, processes and procedures to address volunteer management and volunteer coordination efforts with local healthcare organizations	58 (87%)	67 (100%)

Does the CHD conduct volunteer needs assessments with local healthcare organizations to determine situations in which volunteers may be needed and the type of and quantity of volunteers that may be used by healthcare organizations?

2015	2016
39 (58%)	34 (51%)